

## (1) PLACE OF BIRTH

County of Pitkin  
 Township of Easley  
 or  
 Inc. Town of Easley S.C.  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. — For State Registrar File  
**8159**

Registration District No. 37-A Registered No. 40  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gracie E. Atkins If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 20, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward H. Atkins

(9) PRESENT POSTOFFICE OF FATHER Easley

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Sparta, Tenn.

(13) OCCUPATION Textile

(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Etta Beacham

(15) PRESENT POSTOFFICE OF MOTHER Easley S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Greenville

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:40 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) C. W. Trippe, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Easley

Given name added from a supplemental report

Gracie E. Atkins

June 11, 1923

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 7, 1923 (28) E. H. Wyatt Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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